

6T0V0KP3LB
26-05837

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #	Agency Crash Number 26-05837	Investigating Officer/Deputy DEPUTY A. TEPLY	
Crash Date 06/05/2026		Crash Time 99:99	Date Arrived 06/05/2026	Time Arrived 10:33 PM	
Date Notified 06/05/2026		Time Notified 10:10 PM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
<h1>NOT TO SCALE</h1>	Photos By 9174
	Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING ON WOODLAWN DR APPROACHING ELI VALLEY RD. THE VEHICLE APPEARS TO HAVE ATTEMPTED TO STOP AT THE STOP SIGN LEAVING SKID MARKS. ULTIMATELY THE VEHICLE ENTERED THE DITCH OPPOSITE THE STOP SIGN. THE VEHICLE THEN APPEARS TO HAVE ATTEMPTED TO EXIT THE DITCH UNDER ITS OWN POWER. UNIT 1 TRAVELED THE DITCH LINE OFF THE ROADWAY UNTIL IT COLLIDED WITH A CULVERT THAT CAUSED DISABLING DAMAGE. THE OPERATOR HAD FLED THE SCENE PRIOR TO MY ARRIVAL. THE REGISTERED OWNER DENIED DRIVING THE VEHICLE AND SEEMED TO NOT CARE THAT SOMEONE ELSE HAD CRASHED HER CAR. THE VEHICLE WAS REMOVED BY SHIELDS.

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Location

ON ELI VALLEY RD 58 FT S OF WOODLAND RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.395696082	Longitude -90.06998763
	X Coordinate 251375.25	Y Coordinate 4809336
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes 2
	Most Harmful Event: Collision With DITCH	Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN	
	Traffic Way UNKNOWN	Traffic Control UNKNOWN		Traffic Control Inoperative/Missing UNKNOWN	
	Surface Type UNKNOWN	Road Curvature UNKNOWN		Road Grade UNKNOWN	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number BAG3868	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G2ZH18N474215653	Make PONT	Year 2007	Model G6
		Color BLK - BLACK	Body Style CP - COUPE		Bus Use
	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors UNKNOWN		
	Driver Prior Action Other				
	Driver Actions UNKNOWN				
01 01	Owner Name MEKENZIE JONES		Owner Address 240 12TH ST APT 304 PRAIRIE DU SAC, WI 53578 , US		
	Sequence Of Events				
01 01	01	Event DITCH			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Individual				
	01 001	DRIVER		Citations Issued 0	Sex
				Date of Birth	Race
	Address		Driver License Number		
01 001	Safety Equipment		On Duty Crash		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01 001	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death
01 001	Distracted By		Distracted By Source		
	Distracted By Action				
01 001	Non Motorist		Striking Unit #		Location

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
			Drug Type		
		01	001	Individual Condition	
				NOT OBSERVED	